CLAIMS ONLY

Application Number	Filing Date
10/706212	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT									
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	/						51						
2		/					52						
3	⟋						53						
4		/					54						
5		/					55						
6		/					56						
7	/						57						
8		/					58						
9	⟋						59						
10		/					60						
11		/					61						
12		/					62						
13	/						63						
14		/					64						
15	⟍						65						
16		/					66						
17		/					67						
18		/					68						
19	/						69						
20		/					70						
21	⟋	/					71						
22		/					72						
23		/					73						
24		/					74						
25							75						
26							76						
27							77						
28							78						
29							79						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	4						Total Indep						
Total Depend	16						Total Depend						
Total Claims	20						Total Claims						